Introduced by Assembly Member Logue (Coauthors: Assembly Members Achadjian, Bill Berryhill, Conway, Garrick, Hagman, Jones, Mansoor, Miller, Nielsen, Olsen, Silva, and Wagner)

March 27, 2012

Assembly Joint Resolution No. 36—Relative to federal health care reform.

LEGISLATIVE COUNSEL'S DIGEST

AJR 36, as introduced, Logue. The Federal Patient Protection and Affordable Care Act.

This measure would make various statements regarding the federal Patient Protection and Affordable Care Act (PPACA), would request the President and the United States Congress to repeal PPACA, and would encourage federal, state, and local officials to enact health care reform that, among other things, puts the citizen and his or her family at the center of the health care system, as specified. The measure would also request the United States Congress to, among other things, reform federal tax laws, allow Americans to buy health care coverage across state lines, allow businesses to create association health plans, and lift restrictions on employers so they can offer lower premiums to employees who practice healthy lifestyles, and would request the Legislature to enact reforms consistent with those changes, as specified.

Fiscal committee: no.

- WHEREAS, While the Founding Fathers, after fighting for many years against the arbitrary tyranny of King George III and
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the British aristocracy in Parliament, crafted the United States Constitution in 1787 to preserve the liberty of free Americans by purposely confining the federal government to enumerated and limited powers, President Obama, by signing the Patient Protection and Affordable Care Act (PPACA), also known as Obamacare, into law, ultimately grants the life and death power over how medical care will be provided to future generations of Americans to a new and unaccountable aristocracy consisting of a small number of federal politicians, lobbyists, and federal employees at the United States Department of Health and Human Services; and WHEREAS, When on September 9, 2009, President Obama told the United States Congress that he was "determined to be the last president" to take up the cause of health care and advocated for the federal government to seize the commanding heights and regulatory direction of the U.S. health care system, he was promoting a paternalistic, "we decide what you need," top-down model of government that is at odds with the long and cherished American tradition of the smart and self-reliant citizen working with others in local communities to ensure equal opportunity for all Americans; and

WHEREAS, House Speaker Nancy Pelosi said just prior to passing the PPACA by a mere Seven votes — a bill that exceeded 2,700 pages in length and centralizes control and direction over 17 percent of the gross domestic product of the country into the hands of a small number of federal politicians, lobbyists, and federal employees — that "We have to pass the bill so that you can find out what is in it"; and

WHEREAS, The Democratic leadership of the United States Congress decided to pass in March 2010 a bill, without bipartisan support, to completely restructure one-sixth of the U.S. economy using vote-buying tactics including the infamous "Louisiana Purchase," the "Cornhusker Kickback," extra hospital funding for Tennessee, funding for the University of Connecticut, funding for NASA, water supplies for one area of California, asbestos money for Montana, and the federal takeover of the student loan program; and

WHEREAS, The corrupt enactment of PPACA makes a mockery of the famous Schoolhouse Rock video titled, "How a Bill Becomes a Law," and of the lessons taught in every civics classroom in America as seen in a Heritage Foundation study released on

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1 February 21, 2012, that demonstrates that the Obama 2 Administration dramatically increased their distribution of millions 3 of taxpayer dollars in administrative earmarks for at least 32 4 vulnerable Democrat Congressmen at precisely the time when the 5 House of Representatives was voting on the Cap and Trade bill 6 on June 26, 2009, the Dodd-Frank financial regulation bill on 7 December 11, 2009, and PPACA on March 21, 2010; and

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WHEREAS, Now that the American public, health economists, academic scholars, and public policy analysts have had a chance to read PPACA and "find out what is in it" after its enactment, more and more evidence is emerging every day that demonstrates that PPACA contains numerous major flaws, including the fact that it: is unconstitutional; will "bend the cost curve up" as health care costs escalate at an even higher rate; will kill jobs; will lower wages; will outsource jobs overseas; will force people to spend more on health care without increasing the quality of care received; will mandate fewer health plan choices for consumers; will cause millions to lose their employer-sponsored health coverage and personal doctor; will create a two-tier health care system in which more and more privately insured citizens will be involuntarily shifted to the government-run Medicaid program government-run state exchanges; will make it much more difficult for Medicare beneficiaries and privately insured people to establish a long-term relationship with a primary care physician and specialists when needed; will force workers to disclose their family incomes to their employer; will cause longer waiting times in emergency rooms and community clinics; will force people who do not smoke or eat to the level of obesity to subsidize the health insurance premiums of those who do; will decrease the invention of new life-saving drugs and medical devices; will increase special interest campaign contributions to incumbent members of Congress and increase the influence of lobbyists and crony capitalists; will force states to cut education, public safety, and natural resource protection spending in order to comply with federal mandates to expand Medicaid spending; will create a new and unaffordable federal entitlement at a time when the federal government has a budget deficit that exceeds \$1.3 trillion a year; will force the federal government to borrow more money from foreign countries that violate human rights; will force religious institutions that serve the common good to either violate their deeply held religious

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beliefs or stop aiding the poor; will financially penalize married
 couples; will force taxpayers to subsidize abortions; and unleash
 the Internal Revenue Service (IRS) to hunt down and fine otherwise
 law-abiding individuals and employers; and

WHEREAS, While the President of the United States and members of Congress must take the oath to "preserve, protect, and defend the Constitution of the United States," PPACA violates the U.S. Constitution by expanding the reach of the federal government beyond its traditionally recognized enumerated and limited powers, violates the Tenth Amendment to the U.S. Constitution which provides that "The powers not delegated to the United States by the Constitution, nor prohibited by it to the states, are reserved to the states and people," violates the First Amendment to the U.S. Constitution which provides that the Congress shall make no law "prohibiting the free exercise" of religion; and

WHEREAS, While the Declaration of Independence charged that King George III had "erected a multitude of New Offices, and sent hither swarms of Officers to harass our people, and eat out their substance," the Mercatus Center at George Mason University has estimated that the phrase "the Secretary shall" — designating items that will require tens of thousands of pages of new rules and regulations from the federal government — appears 1,563 times in PPACA; and

WHEREAS, Twenty-eight states have filed lawsuits against PPACA, opposing the law's brazen attempt to override the constitutional rights of individual citizens, families, and states; and

WHEREAS, The individual mandate in PPACA, which gives the IRS the power to impose a series of escalating fines on citizens who don't purchase a health insurance plan designed by federal politicians, President Obama's political appointees, lobbyists, and federal employees in the U.S. Department of Health and Human Services, is an unprecedented power grab by the federal government and an unconstitutional attack on each citizen's personal liberty and on the traditional power of states to ensure the proper regulation of health care within their jurisdictions; and

WHEREAS, The individual mandate in PPACA represents the first time in over 220 years of American history that the federal government has attempted to require every American to purchase

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a private product merely as a condition of lawful residence in the country; and

WHEREAS, In upholding Virginia's challenge to the constitutionality of the individual mandate, U.S. District Court Judge Henry Hudson wrote: "The unchecked expansion of Congressional power to the limits suggested by the Minimum Essential Coverage provisions would invite unbridled exercise of federal police power"; and

WHEREAS, The U.S. Court of Appeals for the 11th District found that judicial recognition of the Congress to compel Americans to buy and maintain health insurance under the Commerce Clause would permit federal regulation of any aspect of life with some economic impact and thereby undermine our federalist structure; and

WHEREAS, In oral arguments before the U.S. Court of Appeals for the 11th District, President Obama's lawyers admitted that, because they recognize no "doctrinal limiting principles" to the power of the federal government to use the Commerce Clause to impose the individual mandate, the federal government even has the power to impose criminal prosecution and imprisonment on citizens who fail to buy a private product designed by the federal government; and

WHEREAS, PPACA contains 18 separate tax increases that will cost taxpayers an additional \$503 billion between 2010 and 2019, and will slow economic growth, throw Americans out of work, suppress wages for the currently employed, decrease incentives for individuals to work and save, and raise health insurance premiums; and

WHEREAS, While President Obama promised not to raise taxes on families making less than \$250,000 a year, the tax provisions in PPACA — including the increased payroll taxes, taxes on drugs and medical devices, the 40-percent excise tax on certain health care plans, caps on deposits into a Health Savings Account and Flexible Spending Account, and increasing the floor on the deduction for medical expenses from 7.5 percent of adjusted gross income to 10 percent — will increase taxes on middle-income and lower income families; and

WHEREAS, While the hospital insurance portion of the payroll tax has exclusively been used in the past to ensure the solvency of social security and Medicare, PPACA raises this portion of the

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payroll tax to fund the new PPACA entitlement and thereby tempts
 future Congresses to enact payroll tax increases to pay for programs
 other than social security and Medicare; and

WHEREAS, Because the income thresholds related to the increased payroll tax and new 40 percent excise tax on health plans in PPACA are not fully indexed for medical inflation, these taxes will hit more and more middle-income Americans each year until the law is repealed; and

WHEREAS, PPACA's new taxes on drugs and medical devices will disproportionately hurt seniors and the disabled; and

WHEREAS, The nonpartisan Congressional Budget Office (CBO) has predicted that the employer mandate in PPACA will result in throwing 700,000 Americans out of work; and

WHEREAS, The National Bureau of Economic Research has predicted that the job losses caused by PPACA will disproportionately impact high school dropouts, minorities, and females; and

WHEREAS, By forcing employers to increase the amount of compensation provided to workers in the form of expensive government-designed health insurance plans, the employer mandate in PPACA will reduce worker pay; and

WHEREAS, The National Center for Policy Analysis reports that the employer mandate in PPACA contains strong financial disincentives for midsize employers to hire no more than 49 total employees and to hire unskilled people only as part-time employees; and

WHEREAS, According to data supplied by the U.S. Department of Labor and the CBO, PPACA's employer mandate will mean that workers who cannot produce at least \$20,853 to \$29,332 per year of value to employers will have serious difficultly finding a full-time job in California; and

WHEREAS, The PPACA employer mandate will provide strong financial incentives to businesses that employ low-skilled workers to respond by dumping these employees on the taxpayer-subsidized exchanges and replacing full-time positions with part-time positions and temporary positions; and

WHEREAS, At a time of high unemployment, one-third of small business owners have identified PPACA as one of their top obstacles to hiring new workers; and _7_ AJR 36

WHEREAS, Because the employer mandate requires midsize employers to offer "affordable" coverage, as designed by the federal government, only to the employee and not to his or her dependents, Cornell University and Indiana University professors estimated in a National Bureau of Economic Research working paper that 13 million low-income Americans may be unable to get subsidized health insurance through the new state exchanges in 2014; and

WHEREAS, Because federal politicians crafted perverse incentives in the employer mandate, some workers with families will actually be financially better off if they work for a firm that doesn't offer health insurance or for a firm that offers "unaffordable" insurance as they and their families would be eligible to obtain taxpayer-subsidized health insurance; and

WHEREAS, Because federal politicians wrote into PPACA radically different and irrational subsidies for people at the same income level depending on where they obtain their health insurance — at work, through an exchange, or through Medicaid — these subsidies will cause a huge, uneconomical restructuring of American industry; and

WHEREAS, PPACA will create a two-tiered health care system in which low-income workers will congregate in companies that do not provide insurance while higher income workers will obtain their health insurance through their employer; and

WHEREAS, Douglas Holtz-Eakin, former Director of the CBO, has estimated that, because of the ill-conceived structure of the taxpayer-financed subsidies in PPACA, employers with employees who live in households below 250 percent of the federal poverty level will have powerful incentives to drop private employer-sponsored coverage and instead encourage their employees to obtain insurance from the taxpayer-subsidized, government-run exchanges; and

WHEREAS, A Heritage Foundation study has documented that PPACA will create a strong financial disincentive for certain individuals to work by the "cliff effect" provision of the law which suddenly eliminates all subsidies for those individuals who earn just above 400 percent of the federal poverty level; and

WHEREAS, A survey by McKinsey & Company found that PPACA will lead to a "radical restructuring" of job-based health coverage as 30 percent of employers say that they are likely to

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stop offering workers health insurance coverage when the employer mandate becomes effective in January 2014; and

WHEREAS, Despite President Obama's promise to millions of Americans that "If you like your health insurance, you can keep your health insurance," the President Obama's own U.S. Department of Health and Human Services now estimates that by 2013 between one-third and two-thirds of the 133 million people with coverage through large employers will lose their grandfathered protection; up to 80 percent of the 43 million people in small employer plans will lose their grandfathered protection; and up to 70 percent of those with coverage in the individual market will be forced to comply with expensive new federal rules; and

WHEREAS, A CBO report issued in March 2012 now estimates that 4 million Americans will lose their employer-sponsored health plans by 2016; and

WHEREAS, A survey by the firm Towers Watson found that 29 percent of large employers are unsure whether or not they will continuing offering health insurance coverage after the main provisions of PPACA take effect in January 2014; and

WHEREAS, PPACA's one-size-fits-all mandate on what annual and lifetime benefit limits will be included in all health plans resulted in the Secretary of the U.S. Department of Health and Human Services issuing 1,578 temporary waivers to employers who said that the higher costs imposed on them by PPACA would force them to drop health coverage for their employees altogether; and

WHEREAS, The provision in PPACA that allows the Secretary of the U.S. Department of Health and Human Services to waive certain provisions of PPACA gives the federal government the power to reward political allies and campaign donors and punish political opponents; and

WHEREAS, A recent survey by Mercer LLC found that 28 percent of employers believe that compliance with PPACA rules is already increasing their health care costs and thereby diminishing job and wage growth; and

WHEREAS, According to the National Federation of Independent Business, PPACA is "death by a thousand cuts for small business owners"; and

WHEREAS, Because provisions of the employer mandate mean that an employer can be fined by the IRS in certain circumstances -9- AJR 36

if the employer's employee qualifies for a subsidy from an exchange due to changes in the employee's personal circumstances such as a divorce or a spouse's lost coverage, PPACA will force employers seeking to avoid the IRS fine to demand detailed household income information from their employees and thereby result in an unnecessary loss of an employee's and his or her family's privacy; and

WHEREAS, Enacting real reform that raises the quality of care while lowering costs is important because high medical inflation kills jobs, lowers wages, and forces middle class families to pay more in taxes. PPACA contains what Massachusetts Institute of Technology (MIT) economist Jonathan Gruber calls a "spaghetti approach to cost control" in which the strategy is to throw "a bunch of stuff at the wall [to] see what sticks"; and

WHEREAS, President Obama and congressional Democrats ignored addressing rising health care costs and wage decreases that impact over 250 million insured Americans — a RAND study found that most of the pay increases that employees have received over the last 10 years have been consumed by increasing health costs — by solely focusing on creating a new and unsustainable entitlement program; and

WHEREAS, Tennessee Governor Philip Bredesen, in the column "Obamacare's Incentive to Drop Insurance," wrote in the Wall Street Journal on October 21, 2010, that the economics embedded in PPACA "become compelling for many employers to simply drop coverage and help their employees obtain replacement coverage through an exchange"; and

WHEREAS, Governor Bredesen estimated that Tennessee, as an example, could "reduce our annual costs by over \$146 million using the legislated mechanics of health reform to transfer them [Tennessee state employees] to the federal government" and predicts that "Local governments will find eliminating all coverage particularly attractive"; and

WHEREAS, Provisions in the employer mandate and the exchange regulations will cause disincentives for marriage, as it provides substantially greater subsidized coverage for couples who live together and for people who get divorced; and

WHEREAS, While President Obama promised the American people in remarks to a joint session of Congress in September 2009 that his health plan would "cost around \$900 billion over ten

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1 years," the CBO estimated in a March 2012 report that PPACA 2 will cost \$1.76 billion (including only the costs of coverage and 3 not implementation and other costs) between now and 2022 and 4 add \$1,083 billion to the federal deficit; and

WHEREAS, While President Obama promised the American people that his plan would "bend the cost curve down," a study released on July 28, 2011, by the actuaries the Centers for Medicare and Medicaid Services (CMS) found that PPACA will increase, not reduce, national health expenditures and thereby bend the cost curve up and exacerbate an already serious problem for individuals, families, and taxpayers; and

WHEREAS, While the Kaiser Family Foundation estimates that young adults (ages 19-29) account for 30 percent of the total uninsured U.S. population and 36.6 percent of all uninsured adults, PPACA imposes new federal rules that will result in artificially overpricing the cost of health insurance for young adults who tend to be in good health but earn less than older workers and thereby encourage young adults to wait until they need or expect to need medical care before purchasing health insurance or enrolling in an employer-sponsored plan; and

WHEREAS, PPACA will require individuals to buy a health insurance plan whose cost will grow at twice the rate of growth of their incomes, claiming more and more of the disposable income of individuals and families; and

WHEREAS, The PPACA creation of 50 state exchanges with 50 different sets of regulations will do nothing to lower health care costs; and

WHEREAS, PPACA conscripts the states as its indentured servants in the federal health care takeover as they set up and operate insurance exchanges, determine eligibility, oversee insurance plans for compliance with federal dictates, and then to impose a new tax on health insurers to fund the new state exchange bureaucracy; and

WHEREAS, PPACA confers an exclusive franchise to the federal Office of Personnel Management to offer two taxpayer-subsidized, "too big to fail" health insurance plans on all the state exchanges, which will allow the federal government, through this so-called "Public Option," to underprice private health plans, gradually undermine the ability of private sector providers to provide care, and thereby ensure that freedom-loving Americans

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will be forced to receive their medical care from a paternalistic, government-run, "no choices for you," single-payer bureaucracy; and

WHEREAS, PPACA, in a clear assertion that federal politicians and unelected federal employees at the U.S. Department of Health and Human Services know better than hard-working individuals, families, and employers on how to design an appropriate health insurance plan, will drive up health insurance premiums and reduce wages by mandating that health plans cover specified medical services under the economically illiterate and fairyland fiction that these services will be "free" to the enrollee; and

WHEREAS, PPACA, by giving a small number unelected federal employees at the U.S. Department of Health and Human Services the broad regulatory power to mandate that every "essential health benefit package" cover specified services, takes the important decision about what type of medical benefits would provide the most financial protection out of the hands of hard-working individuals, families, and employers; and

WHEREAS, PPACA empowers the United States Preventive Services Task Force, the same unelected group that in November 2009 recommended that women ages 40-49 should not get routine mammograms because they are not cost effective, to decide, without any public hearings or comments, whether a whole range of preventive services and screenings will be covered by health insurance plans and which ones will not be covered; and

WHEREAS, According to the National Center for Policy Analysis, the PPACA mandate that health plans provide "free" preventive services will, given the growing physician shortage and the fact that one out of every five Americans currently lives in an underserved area, force family doctors to spend all their time delivering care to basically healthy people and make it more difficult for those patients with more urgent or chronic needs to obtain medical care; and

WHEREAS, PPACA, by federalizing the power to create an "essential health benefits package," provides an open invitation to special interest groups to exert pressure on unelected federal employees at the U.S. Department of Health and Human Services and to lobby and provide even larger campaign contributions to members of Congress in order to expand the scope of the federal

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1 minimum coverage requirements at the expense of hard-working 2 individuals; and

WHEREAS, PPACA, by giving Congress the power to year by year add new and expensive benefits to the "essential health benefits package," can only be seen as the "Undemocratic Incumbent Protection Act" as skyrocketing campaign contributions by rent-seeking special interest groups will go to those U.S. Representatives and Senators who do the bidding of lobbyists rather than to congressional challengers, thereby undermining free and fair elections; and

WHEREAS, Even with the federally imposed individual mandate and IRS fines on citizens, the CBO estimated that in 10 years there would still be 23 million Americans without health insurance because of the law's powerful financial incentives on individuals to only buy the expensive, government-designed health insurance plan when they actually need medical care; and

WHEREAS, According to Edmund F. Haislmaier, Senior Research Fellow at the Heritage Foundation, the PPACA mandate on all health insurers to meet a specified minimum loss ratio (MLR) — the percentage of the premium dollar that is spent on claims versus administration — will reduce health insurer competition, raise premiums, and result in more erroneous and fraudulent claim payments; and

WHEREAS, Studies have concluded that those individuals who purchase consumer-directed health care plans like a tax-preferred Health Savings Account (HSA) coupled with a high deductible health insurance policy are more likely to track expenses (63 percent to 43 percent), save for the future (47 percent to 18 percent), search for information on physician quality (20 percent to 14 percent), and participate and see results from wellness programs like weight loss, fitness, and smoking cessation. PPACA's exchange and MLR rules could end this cost-effective option for millions of hard-working Americans; and

WHEREAS, PPACA's arbitrary MLR regulations will result in cuts to insurance agent and broker commissions and thus hinder the ability of consumers to obtain expert advice regarding what type of health insurance plan would best fit their family's needs; and

WHEREAS, While a reformed health care system would give consumers enhanced power to reward health care providers and -13- AJR 36

insurers that deliver a higher level of quality of care at lower cost,
PPACA is accelerating a wave of consolidations, creating larger
insurers, hospital systems, and physician groups which will,
according to a Wall Street Journal analysis, lead to higher health
care costs for consumers; and

WHEREAS, In a Health Affairs article published on February 25, 2010, researchers warn that, based on California's experience, consolidation of provider organizations as a result of PPACA "could lead to higher rates for private payers" which are ultimately passed on to individuals and families; and

WHEREAS, According to the National Center for Policy Analysis, the perverse incentives in PPACA relating to insurers actually provide perverse incentives for insurers to overprovide medical services to essentially healthy people to keep them enrolled while underproviding care to the sick to discourage them from enrolling and to encourage the departure of the ones they already have in the insurance plan; and

WHEREAS, PPACA, by depositing 16 million people in the failed and fraud-ridden Medicaid program and accelerating the early retirement of doctors, nurses, and other health professionals by their reimbursement policies will result in 900,000 additional emergency room visits every year and longer wait times for Americans seeking emergency care; and

WHEREAS, While 70 percent of all health care costs are a direct result of unhealthy behavior — one in five Americans smoke and three in ten are obese — the antiquated PPACA model will further separate people from the financial consequences of their poor behavioral decisions and thereby force people who exercise personal and financial responsibility to subsidize the skyrocketing health insurance premiums and costs of those who behave irresponsibly; and

WHEREAS, Despite a 2008 analysis by a Kaiser Permanente researcher published in Health Affairs that found that states that enacted guaranteed issue and community rating mandates, like New York, Washington, Kentucky, New Jersey, and Maine, dramatically increased premiums in the individual market and reduced access to care, PPACA now imposes this failed social engineering experiment on the entire nation; and

WHEREAS, While "comparative effectiveness research" can lead to, when there is a strong and uncompromised

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physician-to-patient relationship, improved and cost-effective care for individual patients, the enactment of PPACA will increase governmental spending to 52 percent of all medical bills and a perennially bankrupt federal government will use "comparative effective research" to ration care, especially care provided to seniors; and

WHEREAS, While an injured patient must wait an average of five years to have his or her malpractice case resolved and nearly 60 cents out of every dollar spent goes to lawyers and administrative costs, President Obama and the Democratic Congress didn't lift a finger to encourage medical malpractice reform; and

WHEREAS, PPACA is based on enacting on \$528.5 billion in Medicare cuts — one-half of the cost of the new law — not in order to address the annual \$1.4 trillion federal budget deficit, nor to pay for the \$5 trillion in debt added in a single presidential term, or to better ensure the solvency of the Medicare program for seniors, but to create a new, reckless, and financially unsustainable entitlement program; and

WHEREAS, The number of seniors who need more medical care is expected to soar to 72 million by 2020, nearly double today's number. President Obama's own Office of the Actuary at CMS estimated the Medicare provider cuts contained in PPACA would result in 15 percent of Part A providers becoming unprofitable within 10 years, 25 percent by 2030, and 40 percent by 2050, which will force seniors to increasingly rely on receiving basic care from community health centers and public hospitals; and

WHEREAS, PPACA creates the Independent Payment Advisory Board (IPAB), a body composed of 15 unelected members appointed by the President, which will, starting on January 15, 2014, impose further reimbursement cuts on physicians and thereby accelerate the physician exodus from participating in Medicare, making it more difficult for seniors on Medicare to establish a trusting and long-term relationship with a physician and only worsen the ongoing problem of emergency room overcrowding; and

WHEREAS, While almost two-thirds of research on new medicines approved in the last 10 years was performed in the United States by the 650,000 Americans who work for

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pharmaceutical companies, PPACA gives the IPAB the power to reduce Medicare payments for innovative and life-saving pharmaceutical products to achieve short-term savings at the expense of long-term investment in the health of Americans; and

WHEREAS, In December 2009, three months before the enactment of PPACA, CMS Chief Actuary Richard Foster warned lawmakers — but was ignored — that the proposed long-term care entitlement program called Community Living Assistance Services and Support (CLASS) was financially untenable and would ultimately result in an "insurance death spiral" in the program; and

WHEREAS, President Obama's own Simpson-Bowles Deficit Commission noted in its report that the CLASS program will "require large general revenue transfers or else collapse under its own weight"; and

WHEREAS, Former Senate Budget Chairman Kent Conrad, a Democrat from North Dakota, called CLASS "a Ponzi scheme of the first order, the kind of thing that Bernie Madoff would have been proud of"; and

WHEREAS, The Obama Administration, despite clear evidence of the financial failure of CLASS, refuses to support the repeal of the program; and

WHEREAS, PPACA will, according to the CBO and CMS, increase federal spending on Medicaid by between \$75 billion and \$100 billion per year at a time when the U.S. government must borrow 40 cents out of every dollar, much of this from foreign countries, to pay for ongoing federal programs; and

WHEREAS, PPACA will shift 16 million people into Medicaid, a government-run program that fosters dependency on government, lowers participation in the workforce, is associated with worse medical outcomes than private health insurance, and is not accepted by almost one-half of physicians in American metropolitan areas; and

WHEREAS, While Medicaid is a growing fiscal problem for states, accounting for 21 percent of state spending, second only to education, PPACA will make it more difficult for states to spend their revenues on programs that meet the priority needs of their residents; and

WHEREAS, PPACA will, through its unconstitutional, coercive, and \$20 billion unfunded mandate on state governments, force states to cut expenditures for schools, public safety, and other vital

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general fund programs and/or raise taxes, thereby impeding job and wage growth for private and public sector workers; and

WHEREAS, Under PPACA, most of the coverage expansion will occur in the government-run Medicaid program. In a recent poll, 67 percent of primary care physicians said that the new Medicaid enrollees would not be able to find a primary care physician in their area; and

WHEREAS, Because government-run Medicaid payments to doctors and hospitals are so low, PPACA will only accelerate the cost-shift of higher premiums for those with private health insurance; and

WHEREAS, Because PPACA will lower reimbursement payments to physicians and empower federal politicians and government employees to "practice medicine," many of America's best and brightest students will not undergo the expense and many years of training to become a physician; and

WHEREAS, PPACA bypasses the long-standing federal Hyde Amendment, which ensures that no federal funds are used for elective abortion, by facilitating federal tax credits for private health care plans that cover abortions and that are offered through the health insurance exchanges; and

WHEREAS, While George Washington wrote, "The conscientious scruples of all men should be treated with great delicacy and tenderness; and it is my wish and desire, that the laws may always be extensively accommodated to them," President Obama has used his authority under PPACA to force religious institutions that serve the common good — schools, hospitals, and charities — to violate their deeply held beliefs by forcing them to pay for health insurance coverage that includes subsidized contraception, morning-after abortion drugs, and sterilization; and

WHEREAS, Although the Obama Administration's edict on who qualifies to be a "religious minister" was struck down by a 9-0 vote by the U.S. Supreme Court in the Hosanna-Tabor case, the Obama Administration now asserts the power under PPACA to decide what organizations qualify as a "religious employer" and which ones do not for purposes of imposing the federal health insurance mandates, further eroding the protections of Americans under the First Amendment to the U.S. Constitution; — and

WHEREAS, The repeal of one provision of the PPACA law, which would have imposed draconian paperwork requirements on

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millions of small businesses, represents a good start; now, therefore, be it

Resolved by the Assembly and the Senate of the State of California, jointly, That the legislature calls on President of the United States and the United States Congress, as a first step, to repeal the 2,700-page PPACA because it is incompatible with the U.S. Constitution's fundamental principles of liberty, limited government, federalism, fair elections, and respect for the free exercise of religious belief, its ill-conceived framework is already putting new costs on hard-working Americans, and its "put government first" structure impedes the urgent need to enact real, consumer-directed health care reform that ensures accessible, high quality, secure, and affordable health care for all Americans; and be it further

Resolved, That, as Alexander Hamilton wrote, "A sacred respect for the constitutional law is the vital principle, the sustaining energy of a free government," federal, state, and local officials should enact real health care reform consistent with the U.S. Constitution and state constitutions that puts the citizen and his or her family at the center of our health care system; and be it further

Resolved, That the Legislature calls on the Congress, one that has as more faith in the common sense and self-reliant character of the American people over the "wisdom" of the Washington, D.C. aristocracy, to use freedom-based principles to enact reforms that empower individuals, families, and associations of free Americans to decide how to best to spend their money in health care decisions, facilitate access to high-quality, affordable health insurance, lower the cost of health care and thereby boost worker wages, reduce the number of uninsured, make health insurance more portable and secure, and support life-saving innovation in medical treatment; and be it further

Resolved, That the Legislature calls on the Congress to use its lawful authority under the U.S. Constitution to reform federal tax law, which currently undercuts the portability of health insurance as Americans move from job to job, creates escalating medical inflations that kills jobs and cuts wage growth, contributes to the number of Americans who cannot afford health insurance, creates dependence of the uninsured on crowded emergency rooms for routine care and dependence on government programs, and unfairly

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and regressively confers more tax benefits on employed individuals
 as one's income rises; and be it further

Resolved, That the Legislature calls on the Congress to enact federal tax reform, through an appropriate use of a universal tax deduction, tax credit, or vouchers for low-income persons, to enable Americans to own and control their own health insurance policies as they currently own and control their automobile, life, and homeowners' insurance policies and to keep their health insurance policies when their change jobs, lose their job, or start a new business; and be it further

Resolved, That the Legislature calls on the Congress to enact federal tax reform in order to shift health care decision making out of the hands of federal and state politicians, lobbyists, and government employees, and instead empower individual citizens and families with greater control over their health care dollars to buy the kind of health insurance policy and long-term care policy that best fits their needs and their ability to contract with medical professionals that they trust; and be if further

Resolved, That the Legislature calls on the Congress to use its lawful authority under the Constitution to knock down anticompetitive barriers erected by federal and state politicians and lobbyists and allow Americans to buy health insurance across state lines, thereby empowering citizens to financially reward providers that perform well; and be it further

Resolved, That the Legislature calls on the Congress to allow small businesses to voluntarily join together and increase their purchasing power through association health plans; and be it further

Resolved, That the Legislature calls on the Congress to lift all restrictions on employers so they can offer lower premiums to those employees who practice healthier lifestyles; and be it further

Resolved, That the Legislature calls on the Congress, instead of imposing top-down rationing of care to seniors, to use the principles of competition and choice to ensure the survival of Medicare for future generations of Americans; and be it further

Resolved, That the Legislature calls on the Congress, instead of expanding Medicaid and handcuffing states with new rules, to reform Medicaid by giving each state the authority to craft innovative ways to increase the quality of care provided to beneficiaries, reduce fraud, save taxpayer dollars, and shift beneficiaries from dependence on government to independence

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and the ability to obtain their health care coverage from the private sector; and be it further

Resolved, That the Legislature calls on Congress to alter or repeal all rules and regulations to unshackle states to enact policies that best meet the needs of their local populations; and be it further

that best meet the needs of their local populations; and be it further *Resolved*, That the California Legislature support and back up these federal reforms to create a consumer-directed and patient-centered health care system by reforming state law to confer the same tax benefits for individuals and families who purchase a Health Savings Account coupled with a high deductible insurance policy as that currently enjoyed by the citizens of 48 others states; eliminate costly regulations on health care providers and hospitals; ensure the every citizen with a preexisting medical condition is able to purchase an affordable health insurance policy from a high-risk pool; allow individuals and families a greater selection of choices regarding what benefits they want to pay for and the selection of high quality providers; and ensure that institutions of higher education focus on training physicians and other health care professionals to meet the health care needs of future generations of Californians; and be it further

Resolved, That the Chief Clerk of the Assembly transmit copies of this resolution to the author for appropriate distribution, to the President and Vice President of the United States, to the Speaker of the House of Representatives, to the Majority Leader of the Senate, and to each Senator and Representative from California in the Congress of the United States.